

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09522434

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2							52					
3				1			53					
4				1			54					
5				1			55					
6							56					
7				1			57					
8				1			58					
9				1			59					
10							60					
11				1			61					
12			1				62					
13				1			63					
14				1			64					
15				1			65					
16				1			66					
17				1			67					
18				1			68					
19				1			69					
20				1			70					
21				1			71					
22			1				72					
23				1			73					
24				1			74					
25				1			75					
26				1			76					
27				1			77					
28				1			78					
29				1			79					
30				1			80					
31				1			81					
32				1			82					
33				1			83					
34				1			84					
35				1			85					
36				1			86					
37				1			87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3									
TOTAL DEP.			31									
TOTAL CLAIMS			34									